

No 55

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Jan 9th 126 Arch Street

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Inaugural Essay

On Sympathetic Tracheitis

For the degree of Doctor of Medicine

in the University of Pennsylvania

By

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Philadelphia 7th January 1828



Cynanche Trachealis

This disease is of comparatively modern origin. Descriptions of it are indeed to be found in the writings of Boerhaave, Astruc, Syden and others yet little appears to have been known of it till noticed by Hume of Edinburgh about the middle of the last century, and to him authors generally ascribe the honor of having earliest directed the attention of the medical profession to it as a distinct disease.

It is not essential to the purpose of this essay to inquire whether the time and nature of the epidemic known to the ancients or not, as it is now sufficiently ascertained to be of very frequent occurrence and familiar to physicians as well in this as most other countries since the period at which Hume made it the subject of his inquiries caused by atmospheric variations and excited by sudden variations of temperature, erupting before its ravages at an early season. Children, more particularly those from one to three or four years old, are the peculiar

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effects of its attacks. Yet it is not wholly restricted to early life as Cullen and Thomas declare. Its age, sex, or condition is entirely exempt from its molestation. It not only invades the cradles and sucklings, but assaults the youth in his meridian and harasses even the decline of silvered age. To the truth of these remarks the experience of many eminent practitioners of our country bears ample testimony.

Depending upon atmospheric distemperatures the disease has been supposed to be confined to the west coast, and as a cold and moist atmosphere is observed to be the element in which it flourishes the coast is well calculated to favour its production and promote its dissemination. Low marshy places in inland situations afford also a fruitful source for its generation and a wide sphere for its action as is proved by Rush, Currie, Cullen and Thomas.

Concerning its contagiousness medical opinion at this day is partly well settled and most pathologists concur

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in the taking it of that formidable property. There are
many however who still maintain that it is contagious.
Of these not the least conspicuous is Gregory of Edinburgh
who believes it always in its malignant form capable
of communicating itself by contagion. But the cases
in which he appears to apprehend this form are probably
complicated with other diseases upon which even physicians
differ. This at least seems to be the suspicion of
Cheyne who has written ably on the complaint.

Croup truly inflammatory in its nature and with
independent of other diseases, acknowledged to be infe-
rious. I do not believe myself is ever propagated upon
this principle. Indeed with Dr Hirsch I should as soon
suspect phrenitis or inflammation of the plexus.

Some places appear peculiarly liable to this disease.
In Edinburgh croup is scarcely known, while in the
neighbourhood of Leeds, but a few miles distant, it prevails
to such an extent that the inhabitants can with diffi-
culty raise their children: in Baltimore also it is of

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run occasionally, while the joint which bears fully smelt
the same relation to that city, as Leith to Edinburgh is
devastated by it early in the spring. It occasionally also
prevails epidemically.

Writers usually divide Croup into two species, spasmodic
and inflammatory. Here also as in most pathological
questions we find medical opinion at variance. In
many it is asserted to be wholly spasmodic, and the
disposition which it sometimes manifests to occasional
exacerbations of all its symptoms assumed as evidence
of its true nature and declares unequivocally its spas-
modic character. But that it is most commonly if not
always inflammatory, I think is manifestly obvious.
Not only from the symptoms, the manner of attack and the
appearances after death, but from the fact that it is often
attended with a secretion which characterizes that action
and a practitioner of et Fort eminent for his professional
abilities, says, "I have never in the whole course of twenty
years practice seen a case of spasmodic Croup, neither

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The first thing I saw when
I stepped out of the car
was the sun. It was a
warm, golden light that
filled the air and made
me feel like I was in a
new world.

The second thing I saw was
the people. They were
all smiling and waving
at me. It was a sight
I had never seen before.
The third thing I saw was
the food. It was all so
different from what I was
used to. I had never
tasted anything like this
before. The fourth thing I
saw was the music. It was
all so loud and so different
from what I was used to.
I had never heard anything
like this before. The fifth
thing I saw was the
dancing. It was all so
different from what I was
used to. I had never
seen anything like this
before. The sixth thing I
saw was the love. It was
all so different from what
I was used to. I had
never felt anything like
this before.

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I have been thinking of you a great deal lately, and
 wondering how you are getting on. I hope you are
 well and happy. I have been very busy lately, but
 I have managed to find some time to write to you.
 I have been thinking of you a great deal lately, and
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Uine or such a tea should be given, in small and repeated doses in conjunction with the warm bath and the liberal use of calomel. Dr. Reid and Francis have found the White and blue vitriol succeed in removing the obstruction and thereby saving the patients life, after all other means had failed. Dr. Seivers thinks the witnessed much relief in one case from twenty to thirty drop doses of the spirits of turpentine. The garlic has also proved useful. —

After the inflammation has subsided, Thomas thinks laudanum alone or in combination with the antimonial solution will be useful in lessening the spasms, inhaling the vapour from hot water, to which a little ether has been added, he also thinks will prove a good subsidiary. The use of this last however will seldom be practicable, from the extreme restlessness of the child. Probably, in this state combinations of calomel, opium and ipecac, would answer a better purpose. At times, the tincture of digitalis has been used, with benefit in some cases of empy, and with others, Salivation has

has proved successful. At this period, the patient should be supported by a proper nourishment, such as arrowroot, tapioca, sago, panada, chicken soup, and the occasional indulgence of a little wine &c.

Such however is the intractable nature of corruption, such the rapidity of its march, that we shall often find our best hopes disappointed, the system sink, and the shield eventually die, even under the best directed and well devised practices.

As a diemetic resource, tracheotomy has been advised; that it may prove useful in cases wholly spasmodic, is presumable, but it cannot probably give relief in cases purely inflammatory.

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